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**Fax**

To:	Box AF Examiner Vikki H. Trinh	From:	Mikio Ishimaru
Fax:	(703) 872-9319 TC 2800 - After Final	Pages:	11
Phone:	703-308-8238	Date:	March 11, 2002
Re:	U.S. Patent Application Serial No. 09/579,340	CC:	

☒ Response/Amendment to Office Action      ☐ Information      ☐ Other

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Dear Examiner Trinh:

Attached are a Certificate of Transmission, Transmittal, and Amendment in response to the Final Office Action dated 1/11/2002, for U.S. Patent Application Serial No. 09/579,340 (attorney docket no. D414).

Respectfully submitted,



Mikio Ishimaru  
Reg. No. 27,449

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Docket No.: D414

**PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Takeshi Nogami

Serial No.: 09/579,340

Filed: May 25, 2000

For: INTEGRATED CIRCUIT CHIP WITH  
HIGH-ASPECT RATIO VIAS

Confirmation No.: 7243

Examiner: Vikki H. Trinh

Group Art Unit: 2814

TRANSMITTAL FOR ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response / Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement, PTO Form-1449, & cited Reference(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	• Certificate of Transmission
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	• Fax Cover Sheet
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

The fee, if required, has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	20	0	x \$18 =	\$ 0.00
Independent Claims	2	3	0	x \$84 =	\$ 0.00
If multiple claims newly presented, add \$280					
Fee for extension of time					
Other:					
TOTAL FEE					\$0.00

- ☐ Please charge Deposit Account No. 01-0365 in the amount of \$ 0.00. An additional copy of this transmittal sheet is submitted herewith.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 01-0365, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

*Mikio Ishimaru*Mikio Ishimaru  
Registration No. 27,449  
Date: March 11, 2002FAX COPY RECEIVED  
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PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on March 11, 2002  
Date

Vickie Ishimaru  
Signature

Vickie Ishimaru  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

With reference to serial number 09/579,340, the following is/are being submitted:

Fax Cover Sheet  
Certificate of Transmission  
Transmittal  
Amendment (8 pages)

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